

## **Change Agent Meeting December 4, 2008**

**Welcome** – Joan Cassidy and Deb Sanchez welcomed everyone and thanked all for attending. There have been a number of changes at the state level and the organizational activities for this initiative have fallen on just a few. Certificates of appreciation were sent out to Change Agents and Policy Team. The Division is most appreciative of all the work done in the field by both groups.

**Review of the Plan** – Handouts included: The Montana Plan – Completed Activities; The Montana Plan – Ongoing/Maintenance; and The Montana Plan – Yet to be Done.

The workgroups need to review the plans and focus on developing a plan for the next 18 months.

### **Agency Updates**

SouthCentral Mental Health Addiction Services – Sandra Lippy

- Changed name and co-locating with the mental health agency.  
Trying to get use to each other.

Montana State Hospital – Jody Parrott

- Separated the units and created a co-occurring unit.
- Providing training for staff
- Offering co-occurring classes for residents.

Western Montana Mental Health (Bozeman) – Scott Malloy

- Agency is in the infancy stage.
- Identifying training needs.

Center for Mental Health – Amy Skordahl

- 11 sites have co-occurring change agents
- Quality assurance survey for staff and clients which includes co-occurring.
  - Finished first set of surveys
  - Reducing barriers to care – which is to reduce the wait list
  - Increase training – want more information on motivational interviewing, strength based. Hoping to contract with Dr. Minkoff to help develop community collaborations.
- The computer program to include co-occurring at intake and treatment planning development.
- Care House has added detox, not capable of doing strictly detox.

Department of Corrections – Rick Deady

- Did a survey a few years ago which identified 93% had substance abuse issues and 60% had co-occurring disorders.
- The legislature funded two transitional services for persons with mental illness. The first is access to bridge funding for medications until other funding is made available. The second is to provide

mental health services in the pre-release centers either by contracting with a mental health center or a mental health professional on staff at the pre-release centers.

Mental Health Services Bureau – Dan Ladd

- The SAAs focus is on co-occurring services
- All the grants have co-occurring included in their grant proposals.

Western Montana Mental Health Center (Missoula) – Mel Mason

- The Mental Health Center made many changes early on in the process with identifying and integrating co-occurring. The progress seems to have slowed down.

Western Montana Mental Health Center (Kalispell) – Shirley Howell

- Have dually licensed individuals
- Provide co-occurring groups
- Have a good relationship with the 12 Step groups.
- At intake, requesting more information on co-occurring.

Western Montana Addiction Services – Tammara Nautts

- Have a welcoming policy in place.
- Have a medical director on staff that specializes in co-occurring.
- Provide education groups on co-occurring and all persons cycle through these groups.
- Started dialogue on DBT
- Reviewing the intake process to get better information on co-occurring disorders.
- Provide training of the administrative staff.
- Provide in-service training which is clinician driven

Southwestern Alcohol and Drug Program – Dan Krause

- The dually licensed staff person left the agency.
- Trying to make sure can provide services on an ongoing basis and provide services in the satellite offices.

White Sky Hope – Mike

- Working with mental health which has been barrier in past.
- Developed mission statement on co-occurring and begun to step up services.
- Have a 7-8 bed facility for co-occurring.

Pathways – Courtney

- In the acute care - have dually licensed clinicians to be co-occurring capable. Many are finishing school and taking their tests.
- The outpatient is an EAP model – At discharge from acute care, can see a counselor for 3 visits until connect with community local therapists. Provide an aftercare group.

Winds of Change – Stacy Wheeler

- Identified training for cultural competency, motivational interviewing, and partners in excellence in psychiatry.
- Have no co-occurring services available in house. Take clients to AA.

Montana Chemical Dependency Center – Dave Peshek

- MCDC has been integrated for five years.
- Moving toward being a level 3.7 facility.
- Trying to deal with AMA. The majority of the individuals who leave AMA are opiate dependent and have a co-occurring disorder. The center is easing these individuals into treatment. They are given two weeks of orientation that allows for full detox and gives some level of stabilization.
- Requested a case management system in the next legislative session.

**Presentation of Sacred Web Recovery Coalition** – Tommy Stiffarm, Keith, Jim, and Thom

- ⊕ Received training from the White Bison.
- ⊕ Warrior Down picks up where treatment leaves off. It is peer based recovery.
- ⊕ It is available to all persons in recovery.
- ⊕ Peer based recovery, using traditional teachings.
- ⊕ The Coalition is active in Great Falls. It is starting in Helena and Missoula. Kalispell and Billings have expressed interest.
- ⊕ The Coalition hopes to receive funding from the Access to Recovery Grant. At the present time, members donate their time and money.
- ⊕ Web sites are <http://www.sacredwebrecovery.com> and <http://www.whitebison.org/about/index.html> for further information.

**Annual Report** – The draft Annual Report from Ziallogic was distributed. Please review for clarity. Comments are due to Deb Sanchez by December 12.

**Structure and Sustainability** – Joan Cassidy and Deb Sanchez  
Handout included the Roles and Responsibilities of Teams.

- **Structure:** Reviewing the handout, it is evident there needs to be some changes. Should the Policy Team and the Change Agents combine? What is the best mechanism to keep the transformation moving?
  - Suggest call this the Co-Occurring Transformation Team
  - ***COST will send draft of the changes to Roles and Responsibilities out to the Change Agents. Please make sure to comment.***
- **Sustainability:** Many of the agencies have dually licensed professionals. This is important in satellite offices. Only one person needs to be sent and only have to cover one FTE and benefits rather than two professionals.
  - The financing plan has not moved. A survey was sent to the program directors and mental health center directors two times with no response.
  - Suggest call special meeting for administrators to discuss co-occurring and sustainability.

- Create a speakers bureau. AMDD could reimburse for travel and materials. Training could be offered regionally and on an ongoing basis.
- Education is needed on funding streams and how to access funding. ***Joan and Deb will send this out.***

## **Work Group Updates**

### **Media and Communications (Skip, chair)**

- ✓ Market Co-Occurring Capable
- ✓ Reviewing what has been done and make sure the goals are current.
- ✓ Look at web site and how to access information.
- ✓ Distribute to the legislatures.
- ✓ Profile a successful agency monthly.

### **Welcoming and Cultural Responsiveness (Tim Payne, Chair)**

- ✓ Developing strategies for service providers to implement in the agencies.
- ✓ Will identify and contact other community cultures such as the military.
- ✓ Write stories to effect change in attitudes of providers. Send stories to licensed practitioners.
- ✓ **Deb will send out the cultural competence definition.**
- ✓ The newly formed methamphetamine team will work with welcoming and cultural responsiveness work group in developing a plan.

### **Data (Eric Higginbotham)**

- ✓ Pulled together quarterly the number of unduplicated admits in the chemical dependency programs with existing diagnosis and the number of admits screened positive in the mental health centers. Handout was provided and discussed.
- ✓ Will roll up averages over a year.
- ✓ Look again at the total number of claims for persons receiving mental health and chemical dependency services. This was done in 2005.
- ✓ Reminder to providers to list all the diagnoses on the claims.

### **Integrated Scope of Practice and Endorsement Guidelines (Chuck Michaud, Chair)**

- ✓ Process of doing Peer Reviews. Western Region interviews have been completed. In the Central region, interview dates are set up. In the Eastern region, the interviews have yet to be set up.
- ✓ The Western region have more services available than thought; using the screening tools suggested by the state; would like to have a shorter adolescent screening tool; everyone knew about co-occurring; using stages of change; and appeared to collaborate.
- ✓ Would like to have more training on stages of change.
- ✓ Will share report with the Change Agents when completed.

### **Training and Core Competencies (Amy Skordahl)**

- ✓ Developing training tools.
- ✓ Will put resources on line of where to get free information and resources.
- ✓ Looking at on line training systems.
- ✓ Developing FAQs.
- ✓ Recommend the training requirements be that each agency orients at every level on co-occurring. The extent of training would be based on job function. All persons should receive annual training.
- ✓ Would like to create a speakers bureau.
- ✓ Would like to see quality assurance program in place. Use an assessment tool to assess staff and clients on co-occurring and develop a plan based on the assessments.
- ✓ The next trainings recommended would be DBT – SA and more in depth motivational interviewing and how to integrate into therapy.

### **State Facilities (Jody Parrott, Chair)**

- ✓ Identify how to work together on: transitioning from facilities to community and the continuation of care, how to set up a continuation; and overcoming stigma.
- ✓ Corrections are working with Department of Justice to get state ids for persons being discharged. The Department of Justice will go to jails, pre-release, and the prisons.
- ✓ A big problem is placing elderly into the community once they have been admitted to psychiatric hospital. Nursing homes do not want to admit this population.

***All work groups please submit goals using the format provided. Review the work group policy statement. Everything has to be realistic, achievable. The groups need to have a manageable task and linked to the plan.***

**The next scheduled meetings are: March 12, June 11, and September 10. The meetings will run from 9:00 am to 4:00 pm. The Division will reimburse for travel as long as the person is on a work group or is an invited guest.**

